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## FACSIMILE TRANSMISSION

Total # of Pages 14 (including this page)

TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Mail Stop AMENDMENT Examiner: Cynthia E. Collins Art Unit: 1638	(703) 308-1202	(703) 872-9306

From : Barry S. Wilson
Date : November 29, 2004
Client/Matter No : 071344-0305
User ID No : 3067

### MESSAGE:

Re: U.S. Patent Application No. 09/512,736  
Our Ref.: EPI3007E (071344-0305)

Attached please find:

- Transmittal (2 pgs.); *Duplicate Copy Attached*
- Amendment (9 pgs.);
- Request for 2-months extension of time;
- Authorization to charge Deposit Account No. 50-0872 in the amount of \$ 430.00.

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Operator:	Time Sent:	Return Original To: Germaine Sarda
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Atty. Dkt. No. EPI3007E  
(071344-0305)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hein et al.

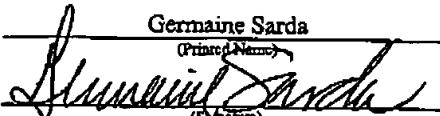
Title: TRANSGENIC PLANTS  
EXPRESSING ASSEMBLED  
SECRETORY ANTIBODIES

Appl. No.: 09/512,736

Filing Date: 2/24/2000

Examiner: Cynthia E. Collins

Art Unit: 1638

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
_____ Germaine Sarda (Printed Name)  (Signature)	
_____ November 29, 2004 (Date of Deposit)	

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith are the following:

[ X ] Amendment (9 pages).

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	16	-	66	= 0 x \$18.00 =	\$0.00
Independent Claims:	2	-	4	= 0 x \$88.00 =	\$0.00
				First presentation of any Multiple Dependent Claims: + \$300.00 =	\$0.00
				CLAIMS FEE TOTAL =	\$0.00

Atty. Dkt. No. EPI3007E  
(071344-0305)

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$0.00	0	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$430.00		\$430.00
<input type="checkbox"/> Extension for response filed within the third month:	\$980.00		\$0.00
	<b>EXTENSION FEE TOTAL:</b>		<b>\$430.00</b>
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00		\$0.00
	<b>CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:</b>		<b>\$430.00</b>
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):			\$0.00
	<b>TOTAL FEE:</b>		<b>\$430.00</b>

[ X ] Please charge Deposit Account No. 50-0872 in the amount of \$430.00. A duplicate copy of this transmittal is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 29, 2004

By Barry Wilson

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